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Application Number 10/069,792 Filing Date **TRANSMITTAL** June 10, 2002 First Named Inventor **FORM** Axel BUERCK Art Unit 2642 (to be used for all correspondence after initial filing) **Examiner Name** R. S. Al Aubaidi Attorney Docket Number Total Number of Pages in This Submission 11 449122024600

ENCLOSURES (Check all that apply)						
X Fee Transmittal Form		Drawing(s)		After Allowance Communication to TC		
Fee	Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences		
X Amendment/Reply		Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
X After Final		Petition to Convert to a Provisional Application		Proprietary Information		
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address		Status Letter		
x Extension of Time Request		Terminal Disclaimer		X Other Enclosure(s) (please Identify below):		
Express Abandonment Request		Request for Refund	-	Return Receipt Postcard		
Information Disclosure Statement		CD, Number of CD(s)		•		
Certified Copy of Priority Document(s)		Landscape Table on CD				
Reply to Missing Parts/ Incomplete Application		Remarks				
	y to Missing Parts under FR 1.52 or 1.53					
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name ACCRUSION & SOCIETY AND ACCRUSION & SOCIETY & SOC						
	MORRISON & FOERSTER LLP					
Signature	dh					
Printed name	Adam Keser					
Date	November 7, 2005		Reg. No.	54,217		

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Effective on 12/08/2004 Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/069,792

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FEE TRANSMITTAL For FY 2005			. [	Filing Date First Named Inventor		June 10, 2002		
						Axel BUERCK		
FULF1 2009				Examiner Name R. S. Al A		R. S. Al Aubai	di	
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2642		2642		
TOTAL AMOUNT OF PAYMENT (\$) 450.00				Attorney Docket No. 449122024600				
METHOD OF PAYME	NT (check all t	hat apply)						
Check Credit	Card N	Ioney Order	None	Other (	please identi	fy):		
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For the above-ide	entified deposit a	account, the D	irector is	hereby authorize	ed to: (chec	k all that apply)		
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FEE CALCULATION	_							
1. BASIC FILING, SEAR				DOLL 5550	EVALUN	ATION FEEO		
		G FEES Small Entity	SEA	RCH FEES Small Entity	EXAMIN	ATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees P	aid (\$ <u>)</u>
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES	3		• •				_	Small Entity
Fee Description	1. p	12:		1			Fee (\$)	Fee (\$)
Each claim over 20 (included Each independent claim							50	25
Multiple dependent claim	•	ig Reissues)					200 360	100 180
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3. APPLICATION SIZE F								
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4. OTHER FEE(S)			`	, <b></b>		· —— `	Fees F	Paid (\$)
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SUBMITTED BY						
Signature	chi-2	Registration No. (Attorney/Agent)	54,217	Telephone	(703) 760-7301	
Name (Print/Type)	Adam Keser			Date	November 7, 2005	